



Parent Information

Today's Date: _____ **Name:** _____ **Account:** _____
Contact Methods:

While my pet is in boarding or daycare, I can be reached at this phone number: _____

In case of emergency, these people are authorized to make decisions on my behalf:

Name: _____ Phone: _____

Name: _____ Phone: _____

**Please advise your emergency contact that they are responsible for making medical decisions for your pet if we cannot reach you.*

Patient Information: Boarding and Daycare

Camper Name: _____ **Daycare or Boarding** _____ **Boarding** _____ **to** _____

Play: Does your pet get along with others? YES NO
Do you want your dog to play in a Play Group? YES NO
Do you want your dog to go out Only Alone? YES NO

I understand there are certain risks involved with dogs playing together and accept financial responsibility for them and my dog, and I understand that the Kennel Staff will make every effort to minimize those risks. _____ (Initials)

Feeding: What type of food do you feed your pet? WET DRY
When do you feed your pet? AM PM BOTH THREE TIMES A DAY
Does your pet have any dietary restrictions? YES NO
What quantity of food does your pet eat each feeding? _____ Cups _____ Cans

If YES, Please list what: _____

If food is not provided for your pet we will feed Hill's Sensitive Stomach

Medical: Is your animal Spayed or Neutered? YES NO
Is your animal on any medication? YES NO

Medication Administration Fee: \$12.00/day _____ (Initials)

All medications must be in original packaging.
Medication information must be provided upon check in.

Would you like your pet groomed or bathed before going home? YES NO
Bathe/Brush/Nail Trim/Clean Ears **Bathe/Brush/Nail Trim/Clean Ears/Haircut**

Instructions for grooming:

Other Instructions:

VACCINATIONS/PHYSICAL EXAMS: Unvaccinated or overdue boarders will be given a physical exam and the appropriate vaccinations and/or tests at the pet owner's expense. Vaccine records from other veterinarians must be received prior to the boarding check-in date.

The following vaccinations/test are required for pets: (1) Rabies, (2) Distemper, (3) Leptospirosis (dogs only), (4) Bordetella (dogs only), (5) Canine Influenza (dogs only) and (6) Parasite Test.

Parasite Test: DOGS/CATS (fecal test is done within the last 12 months, negative results).

Our boarding facility is located in {DepartmentName}. As an animal hospital, we expect to provide the best possible complete care to all our boarding pets. This includes monitoring every pet's overall health during his/her stay and providing proper diet, exercise, recreation, and medical care if needed. {DepartmentName} will treat any animal in a life-threatening emergency or serious illness lasting more than 24 hours or if contagious to other pets. Our staff will contact the pet's owner or the emergency contact,

whenever possible before treatment is started. All treatment costs are the responsibility of the pet's owner, including the initial physical examination when one is needed.

By signing, I agree to all of the above.

Owner Signature: _____ Print Name: _____ Date: _____

CSR Initial: _____ Kennel Initial: _____ Date: _____

